

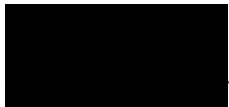
# EXHIBIT

# C

## CORRECTIONAL MEDICAL SERVICES

## PHYSICIAN'S ORDER

## PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME SNBLL, EMORY ID NUMBER W-59131 D.O.B.   
 INSTITUTION MEI-CJ ALLERGIES NKA  
 DATE 10/10/97 TIME 1400

## PROBLEM

LBP.

## ORDERS

NAPROSYN 500mg PO BID x 15 days  
 KOP

X-Ray L-S. spine. No Rx  
 special needs for no work - Done.

10/10/97 1800 K  
 [Signature]

OCT 10 1997 AM  
 P.M.  
 KHALID N. KHAN, M.D.

SIGNATURE \_\_\_\_\_

Interchange is mandatory unless the prescriber writes the words  
 "no substitution" in this space:

PRINT NAME \_\_\_\_\_

DEA Reg. # \_\_\_\_\_  
 (For Controlled Substance orders)